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PRESIDENTIAL ADDRESS

FELLOWSHIP IN THE AMERICAN
PROCTOLOGIC SOCIETY.

FRANK C. YEOMANS, M.D., F.A.C.S.

NEW YORK, N. Y.

At the outset I wish to express to you my sincere appreciation of the honor conferred in selecting me as your presiding officer for the year now closing. My efforts to discharge the duties will, I trust, merit your approval.

The New York-London meeting of last year closed the quarter century of our organization and the fact that seventeen members attended the adjourned meeting in London is ample proof of our fine spirit. Traditional British hospitality, frank scientific discussions and excellent clinics made this first pilgrimage an unqualified success. Arrangements for a return visit would evidence in a substantial way our warm appreciation.

The Society is now beginning its second generation. The high character and lofty ideals of its founders have done much to remove proctology from unethical practice and establish it as a specialty in scientific medicine. Many of the founders, however, have passed on or ceased to be active, and it remains for us to perpetuate their efforts.

The primary purposes of a special society are to promote fellowship, cement friendship and disseminate true knowledge. A fine spirit of fellowship and friendship has always pervaded our meetings. The annual publication of the Transactions is the evidence of our scientific work. They are now kept on file in over one hundred libraries. After all the Transactions are the permanent record of our achievements. Hence, it behooves us to make them of a high order as they reflect the accomplishments of the Society. While they have been good in the past, I believe that improvement is possible and desirable. This year we are trying the experiment of concentrating on a few subjects. This may or may not prove satisfactory. My concrete suggestion is, to have a Committee on Scientific Program appointed each year to which all papers are to be submitted for review at least three months before the

date of the annual meeting; such committee to determine what papers merit presentation. The direct result should be threefold:

First—The elimination of unworthy material; thus shortening an unwieldy and inco-ordinated scientific program.

Second—Allow more time for clinics which, I believe, should form an essential part of every annual session when circumstances permit.

Third—Stimulate the members to present the results to their best efforts in matured thought and experience in the scientific program.

As to membership, two extreme policies are open; one inclusive, the other exclusive. At its organization the Society was quite properly limited and exclusive. However, with the growing interest in proctology, it became natural and right to increase the membership by creating a class of Associate Fellows. Your committee, appointed last year to revise the Constitution in reference to membership, has submitted certain proposals to safeguard the standards of admission. They deserve your thoughtful consideration and, if adopted and adhered to, should help to include the worthy and exclude the unworthy. No Doctor of Medicine of good character, who has a serious and continuing interest in proctology and who fulfils the Constitutional requirements, should be barred from membership. On the other hand, no man should be admitted whose standards of practice are not ethical. Known violation of our standards by any member should be a subject for inquiry and, if found true, be good and sufficient cause for dropping his name from the roll, as already provided by the Constitution.

It seems to me that growth of the Society should occur in a perfectly natural way and from three main sources.

First, by Fellows bringing in competent co-workers in their clinics. I feel that every Fellow, on taking thought of the welfare of the Society, will rise above any feeling of professional jealousy and recommend his competent associates.

A second source of recruits is men who have taken post-graduate courses in proctology with Fellows, whose observation of their work commends them.

A third group of desirable members is teachers of proctology in both undergraduate and postgraduate medical schools. The woeful lack of knowledge of the subject by the medical student on receiving his degree is notorious. Hospitals and medical schools are recognizing the need of at least elemental knowledge in this field. Membership in this Society will stimulate teachers in their work and make the

medical student of to-day, who will be the M. D. of tomorrow, realize the importance and value of a proctologic examination in the diagnosis.

The Constitution places the responsibility for the personnel on the Executive Committee. I would suggest that there be created a Credentials Committee to stimulate growth in membership, to certify to the Executive Committee the qualifications of applicants for membership, and to recommend Associates for promotion to the Fellows. The Secretary and two other Fellows might compose such a Credentials Committee.

It is alleged, often justly, that specialists in medicine are biased and narrow in their view, focusing their attention on the local pathology and forgetting the rest of the patient. In the past, unfortunately, this has too often been true. The reason is not far to seek. It is evidently due to the absence of men of broad vision in allied subjects to supply fundamental information and correct basic errors, false conclusions and deductions. Thus, an anatomist, a pathologist, a bacteriologist, a neurologist and a physicist, by offering sound constructive criticism at our scientific sessions, would be pilots of the first rank in keeping our ship on an even keel. Distinguished members of these specialties would doubtless welcome Honorary Fellowship and I would suggest that appropriate action in this direction be taken.

To those who regularly attend its annual sessions, Fellowship in the American Proctologic Society assures loyal friends in all parts of the country, contact with the most progressive thought and practice in our specialty, opportunity to present the results of their own experience for constructive criticism, profit from the experience of others, and a new stimulus for work.

"Iron sharpeneth iron;

So a man sharpeneth the countenance of his friend."

Although much has been accomplished, methods of diagnosis perfected and many procedures of treatment standardized, still several major problems remain unsolved. Among these are chronic non-specific ulcerative colitis, pruritus ani, rectal stricture and carcinoma. Much time and vast effort have been spent on each of these major subjects but they are still so far from an accepted etiologic and therapeutic solution that, due to their great importance, any one of them may well engage the concentrated, intensive study of our members. Art is long; nevertheless, there is definite progress and in this advance I trust many Fellows of our Society will bear a conspicuous part.

I have endeavored to make my remarks practical rather than sentimental. "Not that I love Caesar less but that I love Rome more." I thank you one and all for your loyal co-operation and support.

ANESTHESIA IN RECTAL DISEASES.

G. MILTON LINTHICUM, A.M.; M.D.; F.A.C.S.

BALTIMORE, MD.

It is entirely from the surgeon's view point that I make any attempt to present this subject. I offer my own observations, and the suggestions gathered here and there, from the work of those who have in the past presented their views, hoping thereby to make it worth while.

It is difficult to define just what is meant by Rectal Diseases. By some, it is limited to the lower rectum and anus and by others it includes the colon.

Without attempting to localize or define the limitations, I shall consider this subject in its broad general effects, in view of the fact that practically all operations in every field of surgery are done under either a local or a general anesthetic, the choice depending on the constitutional or mental condition of the patient.

There can be no hard and fast decision made as to the selection of the anesthetic agent, or the method of administration that will apply at all times to a particular operation, or disease, or to a particular group of patients. The choice must be based on the consideration of all the factors in every case. The question to be answered is,—“what is the best and safest for the patient,” taking in advisement, as a strong element, that whatever gives the greatest assistance to the surgeon in performing a certain surgical procedure is of paramount importance to the patient's welfare.

Such suggestions as I make must of necessity be brief, as it is not feasible to go into great detail.

As to the choice of a general anesthetic, chloroform has practically been eliminated, as its dangers are now so well known, and are so far more fatal than ether, that it is unusual to find it being used in the modern hospital, although it still has some adherents. However, because of the well known effect of dilating the sphincter and producing deep breathing, there can be no question about its absolute contra-indication in rectal work.